

VENDOR/CONTRACTOR INFORMATION DATA

NOTE: ALL VENDORS OF GOODS OR SERVICES WHO ARE OR WOULD LIKE TO DO BUSINESS WITH THE CITY OF CHATTANOOGA SHOULD FILL OUT THIS FORM.

IMPORTANT NOTICE: You should read this questionnaire carefully and supply all requested information. Your completed form will certify the information contained in this questionnaire is true.

STATE YOUR COMPANY INFORMATION BELOW: NAME, ADDRESS, TELEPHONE & FAX NUMBERS, AND E-MAIL ADDRESS:

YOUR NAME: _____ **TITLE:** _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # (INCL. AREA CODE): _____ **FAX #(INCL.AREA CODE):** _____

E MAIL ADDRESS: _____

INDUSTRY/TYPE OF BUSINESS: _____

PLEASE CHECK THE FOLLOWING THAT APPLY TO YOUR BUSINESS:

1. Yes _____ No _____ Our Company Employs **9 or Fewer Employees** and has **\$1M or Less** in Est. Gross Annual Sales for the most recent fiscal period

2. Yes _____ No _____ **(Refer to the following chart)** According to Our Industry, our Company Satisfies the Following Criteria for the Most Recent Fiscal Period

<u>Industry</u>	<u>Annual Sales Volume</u>	<u>No. of Employees</u>
Agriculture, Forestry, Fishing Mining	\$ 500,000 or less	9 or less
Construction	\$ 2,500,000 or less	19 or less
Manufacturing	\$ 1,000,000 or less	99 or less
Wholesale Trade	\$ 1,000,000 or less	19 or less
Retail Trade	\$ 500,000 or less	9 or less
Finance, Insurance, Real Estate	\$ 500,000 or less	5 or less
Transportation, Commerce, and Utilities	\$ 500,000 or less	9 or less
Service Industry	\$ 500,000 or less	9 or less

3. Yes _____ No _____ Our Company is Certified by the State of _____ (fill in name of state) as a **Small Business**.

4. Yes _____ No _____ Our Company is Certified by the Small Business Administration as a **Small Business**.

5. Yes _____ No _____ Our Company is at least **51 percent owned by one or more women** (whose management and daily business operations are controlled by one or more women).

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Our Company is at least **51 percent owned by one or more socially and economically disadvantaged individuals** or, in the cases of any publicly owned business, at least 51 percent of the stock of which is owned and mostly managed by one or more socially and economically *disadvantaged** individuals.

6. Yes ☐ No ☐

**In the absence of evidence to the contrary, the following individuals shall be presumed to be defined as socially disadvantaged: Black Americans, Hispanic Americans, Native Americans (American Indians, Eskimos, Aleuts, or Native Hawaiians); Asian-Pacific Americans; Subcontinent Asian Americans; and members of other groups designated from time to time by the Small Business Administration according to procedures set forth in Part 124 of Title 13 of the Code of Federal Regulations.*

Our Company is Certified by the State of _____ (fill in name of state) as a **Woman-Owned Business**.

7. Yes ☐ No ☐

Our Company is Certified by the Small Business Administration as a **Woman-Owned Business**.

8. Yes ☐ No ☐

Our Company is Certified by the State of _____ (fill in name of state) as a **Disadvantaged Business**.

9. Yes ☐ No ☐

Our Company is Certified by the Small Business Administration as a **Disadvantaged Business**.

10. Yes ☐ No ☐

DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM (DUNS). Each supplier shall state in the space below its DUNS number if one has been assigned.

DUNS NO. _____

FIRST TIME CONTRACT AWARD.

Has supplier previously entered into a contract with the City of Chattanooga ?

YES ☐ NO ☐

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TAXPAYER REPORTING REQUIREMENTS.

- a. The supplier is required to submit the information requested below in order to comply with reporting requirements of the Internal Revenue Code and implementing regulations issued by the Internal Revenue Service (IRS).
- b. Taxpayer Identification Number (TIN) (the number required by the IRS to be used by the supplier in reporting income tax and other returns).

() TIN: _____

If supplier does not have a TIN, the reason is:

() TIN has been applied for

() TIN is not required because:

- () Supplier is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the U.S. and does not have an office or place of business or a fiscal paying agent in the U. S.;
- () Supplier is an agency or instrumentality of a foreign government;
- () Supplier is an agency or instrumentality of a state or local government;

() Other. Reason: _____

Signature

Print Full Name

Date

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